

NATIONAL Assessment Centre Services

Date In: 21/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/CTI21006838/13	SAS e-filing		
Veh No: SLA 1710E	E-mail (w/ 10m, Max. 2hrs)		
D.O.A: 18/06/21 1730	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLA 9543P	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA2103246	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
Cat. 2 / 3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	21/06/2021 11:40 (SGT)
Date of Accident	18/06/2021 17:30 (SGT)
Exact Location of Accident	146A Lor 2 Toa Payoh, Singapore 310146
Additional Location Information	DECK 1B
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA1710E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN BOON TECK
NRIC No	SXXXX361C
Email Address	ANATOR77@YAHOO.COM
Mobile Phone No	(Phone) +65-97955973
Alternative Phone No	+65-97955973

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00006412104
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON TECK
NRIC No	SXXXX361C

Date Of Birth	30/03/1977
Occupation	Indoor
Date Of Driving Pass	13/04/2000
Driving experience	21 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97955973
Alt. Phone Number	+65-97955973
Email Address	ANATOR77@YAHOO.COM
Address	BLK 147 LOR 2 TOA PAYOH
Address complement	#25-344
Postcode	310147
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MEGAN TAN
Gender	Female

PASSENGER 2

Name	DECLAN TAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210619/7006

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP9543P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUANG WOOL TEIK
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN BOON TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLA1710E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


 31/06/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Diagram illustrating a warehouse layout and inventory management system. The layout shows a central aisle with a 'Stop Line' and two side aisles labeled 'Down Deck' and 'Up Deck'. A box labeled 'A1' is shown moving towards a box labeled 'A' in the 'Down Deck' area. A box labeled 'B1' is shown moving towards a box labeled 'B' in the 'Up Deck' area. The 'Packing Lot' is located at the top of the diagram.

Inventory Data:

- Deck 1 B
- MSCP
- 20A Paych LOR 3.

Additional Data:

- A: SLA 1710E
- B: SLP 9543P

REF TO POLICE REPORT ; 7/20210619/7006.

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20210619/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210619/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2021 10:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN BOON TECK		Address: 147 LORONG 2 TOA PAYOH #25-344 SINGAPORE 310147			
ID Type / ID No.: NRIC NO / S7709361C		Contact No.: Home/Office: Mobile: 97955973			
Nationality: SINGAPORE CITIZEN		Email: anator77@yahoo.com			
Sex: Male	Age: 44	Date of Birth: 30/03/1977	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2021 17:30	Type of Location: CARPARK
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLA1710E	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Silver	Seriously Damaged	2
SLP9543P	Car	VOLVO			Slightly Damaged	1



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA1710E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000064 12104	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN BOON TECK		ID No. S7709361C
Related Vehicle	SLA1710E (Car)		Contact No. 97955973
Hospital/Clinic	E MEDICAL CLINIC & SURGERY		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	19/06/2021		Date 19/06/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS TRAVELLING ALONG DECK 1B OF TOA PAYOH LOR 2, BLK 146A MSCP. AS I WAS TRAVELLING STRIAIGHT AND WANTED TO TURN RIGHT UP TO THE UPPER DECK, SUDDENLY ONE M/CAR SLP9543P CAME FROM MY LEFT WITHOUT STOPPING AT THE STOP LINE FROM THE SIDE ROAD AND THUS COLLIEDED ONTO THE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGE. AFTER THE COLLISION THE SAID M/CAR SLP9543P REVSERED BACK BEHIND THE STOP LINE. WE THEN EXCHANGE PARTICULARS. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK, CONSULTED DOCTOR AT E MEDICAL CLINIC & SURGERY AND WAS GIVEN 3 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20210619/7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210619/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
19/06/2021 10:55

Classification Of Case:

VEHICLE NO: SLA 1710E

MAKE & MODEL: SUBARU FORESTER ☒ AUTO ☐ MANUAL

DATE OF ACCIDENT	18 / 06 / 2021	*C.C. 2000
TIME OF ACCIDENT	5:30 AM / PM	
LOCATION OF ACCIDENT	BLK 146A TOA PAYOH LOR 2 MSCP DECK 1B	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE	
NAME OF OWNER	TAN BOON TECK	Email: anator77@yahoo.com
TELP NO	Mobile: 9795 5973	Office: Home:
NRIC	27709361C	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	CHINA TAIPING	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft	
POLICY NO.	DMPCSN00006412104	
NAME OF DRIVER	AS ABOVE / IF NO,	
NRIC		
DATE OF BIRTH	30 / 03 / 1977	
ANY PASSENGER	YES / <input checked="" type="checkbox"/> NO: 02	
NAME OF PASSENGER	1) MEGAN TAN (F) 2) DECLAN TAN (M)	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	13 / 04 / 2000	
GENDER	Male / Female	
CONTACT NO.	Mobile: 9795 5973	Office: Home:
EMAIL	anator77@yahoo.com	
ADDRESS	BLK 147 LORONG 2 TOA PAYOH #25-344 S(3/0147)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No.	INSURER.
RELATIONSHIP	Employee / If No,	
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Other:	
ROAD SURFACE	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / <input type="checkbox"/> Other:	
ANY INJURIES	No / If yes, Who?	TAN BOON TECK.
CONTACT NO.		
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	SLP 9543P	Any Passenger: 01
NAME	HUANG WOON TEK	
CONTACT NO.		
VEHICLE C NO.		Any Passenger:
VEHICLE D NO.		Any Passenger:
VEHICLE E NO.		Any Passenger:
VEHICLE F NO.		Any Passenger:
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <input checked="" type="checkbox"/> NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	

SM AUTOMOTIVE

Email: sm_automotive@hotmail.com

Tel: 6747 9241



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0101A

Cov. Type:C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMPCSNW00006412104

Engine No.: FA20A836537

Cha. No.: JF1SJGK85FG062369

1. Index Mark and Registration Number of Vehicle SLA1710E

2. Name of Policy Holder TAN BOON TECK

3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 22/01/2021 (00:00:00)

4. Date of Expiry of Insurance 21/01/2022

Named Drivers Ex Sect. I S\$1,350.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age <= 25 S\$3,000.00

Ex Sect. I - Age >= 26 S\$500.00

* Age as at date of accident

EX ON WINDSCREEN S\$100.00

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.

One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. : MAYBANK AS HP OWNER

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify

that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By:

Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com

Keep
In
Car.

INSURER ENQUIRY


Find

insurer

Vehicle reg. no.

SLP9543P

Date of Accident

18/06/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance Liberty Insurance Pte Ltd

Period of Insurance 22/06/2019 - 21/06/2021

Requested By SUKYI CHONG (CHEW MOTOR ...

Requested Date 18/06/2021 18:14

Payment details

Request Amount: S\$1.87

GST Amount: S\$0.13

Total Amount Due (GST Inclusive): S\$2

General Insurance Association

Records Management Centre

GST Registration No: M400017735